

Notification of claim

Business Travel Insurance

Policy number:

Company name:

Notifications relate to:

- Flight delay
 Baggage delay
 Accident
 Illness
 Cancellation
 Travel interruption
 Liability coverage/
 Legal assistance
 Deductible
 Business Travel
 Leisure Travel

Claimant

First name	Surname	Date of birth	Telephone number
Residential address		E-mail	
Postal code, City, Country		Occupation	
Name of bank (for personal claims)		Name of account holder	
Bank account incl. clearing no. (Swedish bank accounts only)		For all other accounts, You must contact your bank to get the IBAN no. and Swift	
Account number	IBAN no. (European bank accounts only)	Swift/Sort code	

Company information (for company claims only)

Name	Employee ID	Name of contact person
Address		E-mail address of contact person
Postal code	City	Name of Bank
Country	Account number (IBAN, SWIFT, SORT CODE)	

Travel information (compulsory)

Travel date, outbound	From	To
Travel date, inbound	From	To

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Incident description

Illness or accident (Doctors certificate shall be enclosed)

Type of illness/injury	Date of loss	Place of loss	
Name of hospital	Hospitalization	From date/year	To date/year
Date of first visit to the doctor or hospital	Is any future medical disability anticipated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		

Illness or Accident – Treatment cost, state what the receipt applies to

Year	Month	Day	Type of medical expenses	Claim for compensation
				Total

Transport/Flight delay/Baggage delay (PIR-report shall be enclosed)

FLIGHT DELAY	Flight	Date	Time	BAGGAGE DELAY	Planned arrival date, time		Actual arrival date, time
					From	To	
Planned outbound journey							
Actual outbound journey							
Planned inbound journey							
Actual inbound journey							

Loss or damage to property, rental car (excess) (Police/damage report shall be enclosed)

Where and when did the loss occur?	Year	Month	Day	Time
Where was the property kept at the time of damage or loss?	Personal injury <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of property/traffic insurance	Excess amount to claim			

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Flight delay/Baggage delay/Property (Receipt shall be enclosed)

State brand and model	Purchase year	Purchase price	Currency	Claim for compensation	Private property	Company property
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total				0		

Please note, original documentation may be requested at a later stage.

The employee's signature – Compulsory

I hereby verify that the above statements are true and accurate to the best of my knowledge.

Place/date

Signature

The Manager's signature – Compulsory

I hereby verify that the above statements are true and accurate to the best of my knowledge.

Place/date

Signature

Telephone

Name of company/stamp

Where to send your paperwork:

Chubb European Group SE
 Box 868, 101 37 Stockholm
 Phone: +46 771 427 427
 travelinsurance.claims@chubb.com

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